

Minnesota Department of Labor and Industry
Construction Codes and Licensing Division
Licensing and Certification Services / Electrical
PO Box 64227
St. Paul, MN 55164-0227
E-mail: DLI.Exam@state.mn.us
Web Site: www.dli.mn.gov/ccld.asp
Phone: (651) 284-5031



CC0502

Individual Electrical License Examination Application

**PAID APPLICATION FEE IS NOT REFUNDABLE
CASH IS NOT ACCEPTED BY MAIL OR WALK-IN**

Application Fee = \$50.00

MAKE CHECK OR MONEY ORDER PAYABLE TO: MINNESOTA DEPARTMENT OF LABOR & INDUSTRY		SPACE IN BOX FOR OFFICE USE ONLY	
SELECT THE LICENSE YOU ARE APPLYING FOR:		Account # 632432	STK B42ELELIC
<input type="checkbox"/> Class A Master Electrician <input type="checkbox"/> Master Elevator Constructor <input type="checkbox"/> Class A Journeyman Electrician <input type="checkbox"/> Elevator Constructor <input type="checkbox"/> Class B Installer <input type="checkbox"/> Lineman <input type="checkbox"/> Power Limited Technician <input type="checkbox"/> Maintenance Electrician <input type="checkbox"/> Satellite System Installer		Check Number	Amount Paid
Is this a license exam RETEST? <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> PCK <input type="checkbox"/> CCK <input type="checkbox"/> MO	DLI Deposit Date
PRINT IN INK OR TYPE MAKE A COPY OF THIS APPLICATION FOR YOUR RECORD		NOTICE: Pursuant to Minnesota Statute § 604.113, checks returned for nonpayment will be charged a \$30 service charge and may subject the issuer to additional civil penalties.	
If YES, submit application form only . (No work verification is required)		APPLICATION NUMBER:	

ALL APPLICANTS MUST COMPLETE THE ATTACHED ELECTRICAL WORK EXPERIENCE VERIFICATION FORM
(The **only** exceptions are: a Satellite System Installer or an applicant who is retesting)

LICENSED / REGISTERED

(please provide a copy of your license / registration)

- ☐ MN Registered Unlicensed Individual
☐ Licensed in a state other than Minnesota

EDUCATION (original transcript must be attached)

- ☐ Bachelor's degree in electrical engineering
 (Master A Electrician & Power Limited Technician licenses only)
☐ State approved electrical education program
☐ Satellite System Installer Certificate issued by SBCA or other approved program

The information you as an individual provide in this application will be used by Department of Labor & Industry staff members to determine if you meet the Department's registration requirements. Minnesota Statute § 270C.72, Subd. 4, requires you to provide your social security number on this application. The other information is being requested for purposes of processing your application. With the exception of your Social Security, you are not legally required to supply the requested data on this application; however, failure to provide the requested information may delay the processing of your application or result in the denial of the same. Except for your name and designated address, the information you provide on this application is private data while the application is pending. Disclosure of this information to others may occur as authorized or required by law, including but not limited to the Attorney General's Office, the Department of Revenue, the Department of Human Services, upon court order, and/or for the purpose of verification and investigation. Once you are registered, the information you provide, other than your Social Security Number and non-designated address, becomes public data and may be released to anyone upon request.

SOCIAL SECURITY NUMBER		DATE OF BIRTH (MM/DD/YY)		AREA CODE & PHONE NUMBER		E-MAIL ADDRESS	
LEGAL LAST NAME		SUFFIX (JR, SR, II,III)		LEGAL FIRST NAME		LEGAL MIDDLE NAME	
RESIDENTIAL ADDRESS				PUBLIC MAILING ADDRESS (if different from residential address)			
CITY NAME		STATE		ZIP CODE			
CITY NAME		STATE		ZIP CODE			
Is the residential address above a non-designated (private) address? <input type="checkbox"/> Yes <input type="checkbox"/> No				If Yes, then you must provide a designated (Public) mailing address.			
APPLICANT SIGNATURE						DATE SIGNED (MM/DD/YY)	

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.



CC0100

PRINT clearly in INK OR TYPE
MAKE A COPY OF THIS FORM FOR YOUR RECORDS

Electrical
Work Experience Verification Form

Applicant's Legal Name:	License / Registration Number: (if applicable)	SSN: (Last 4 digits Only)
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License Type:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Class A Master Electrician | <input type="checkbox"/> Elevator Master Constructor | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Class A Journeyman Electrician | <input type="checkbox"/> Elevator Journeyman Constructor | <input type="checkbox"/> Lineman |
| | | <input type="checkbox"/> Installer B |

To apply for licensure and examination, the applicant must provide verification of their employment and qualifying work. Verification information required includes: name, address, and phone number of the employer, applicant's dates of employment with the employer, class of work performed; and hours worked. The information provided on this form is public data and shall be used to qualify the individual identified above for licensure and examination. **Individuals with multiple employers during the reporting period must make copies of the form and have each employer complete a separate verification.**

Employer Name			License / Registration Number
Employer Address			Telephone
City	State	Zip	Email Address
Name of Responsible Individual		License Number	Title

Qualifying work experience is measured on a monthly basis. In order to accurately verify qualifying experience, the actual hours worked in each Class of Work must be reported. Credit of not more than 160 hours per month or 2000 hours per year is allowed as qualifying experience. Hours reported on this form must be supported by records maintained by the employer and demonstrate experience qualifying with M.S. §326B.33 and M.S. Rule 3800.3520. Knowingly providing inaccurate or fraudulent information may subject the violator to disciplinary action and a monetary penalty of up to \$10,000 per violation. To obtain additional information regarding work experience please visit our website at <http://dli.mn.gov/CCLD/LicElectricalExperience.asp>

Date of Employment: Complete a separate work experience form for each year of employment.		Are the hours reported on this form taken from payroll records? <input type="checkbox"/> YES <input type="checkbox"/> OTHER (specify)
Start Date:	End Date:	

CLASS OF WORK	Hours Worked
PLANNING FOR THE INSTALLATION OF WIRING, APPARATUS AND EQUIPMENT FOR LIGHT, HEAT AND POWER	
LAYING OUT FOR THE INSTALLATION OF WIRING, APPARATUS, AND EQUIPMENT FOR LIGHT, HEAT AND POWER	
SUPERVISING THE INSTALLATION OF WIRING APPARATUS AND EQUIPMENT FOR LIGHT, HEAT AND POWER	
WIRING FOR AND INSTALLING ELECTRICAL WIRING, APPARATUS AND EQUIPMENT	
MAINTAINING AND REPAIRING ELECTRICAL WIRING, APPARATUS, AND EQUIPMENT	
LINE WORK	
INSTALLING ELEVATORS	
WIRING AND MAINTAINING TECHNOLOGY CIRCUITS OR SYSTEMS	
WIRING AND MAINTAINING PROCESS CONTROL CIRCUITS OR SYSTEMS	
TOTAL OF ALL QUALIFYING HOURS WORKED (MAX 2,000 HOURS PER YEAR)	

Form must be signed by the designated Responsible Person and Applicant. I certify that I personally know or that the employer's employment records verify that this individual, during the referenced employment period, engaged in the identified classes of work for the number of hours shown. The applicant's signature below acknowledges agreement with the information provided on this form.

RESPONSIBLE PERSON'S SIGNATURE	DATE SIGNED	APPLICANT'S SIGNATURE	DATE SIGNED
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CC0100

PRINT clearly in INK OR TYPE
MAKE A COPY OF THIS FORM FOR YOUR RECORDS

Electrical Work Experience Verification Form

Applicant's Legal Name:	License / Registration Number: (if applicable)	SSN: (Last 4 digits Only)
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License Type: ☐ POWER LIMITED TECHNICIAN

To apply for licensure and examination, the applicant must provide verification of their employment and qualifying work. Verification information required includes: name, address, and phone number of the employer, applicant's dates of employment with the employer, class of work performed; and hours worked. The information provided on this form is public data and shall be used to qualify the individual identified above for licensure and examination. **Individuals with multiple employers during the reporting period must make copies of the form and have each employer complete a separate verification.**

Employer Name			License / Registration Number
Employer Address			Telephone
City	State	Zip	Email Address
Name of Responsible Individual		License Number	Title

Qualifying work experience is measured on a monthly basis. In order to accurately verify qualifying experience, the actual hours worked in each Class of Work must be reported. Credit of not more than 160 hours per month or 2000 hours per year is allowed as qualifying experience. Hours reported on this form must be supported by records maintained by the employer and demonstrate experience qualifying with M.S. §326B.33 and M.S. Rule 3800.3520. Knowingly providing inaccurate or fraudulent information may subject the violator to disciplinary action and a monetary penalty of up to \$10,000 per violation. To obtain additional information regarding work experience please visit our website at <http://dli.mn.gov/CCLD/LicElectricalExperience.asp>

Date of Employment: Complete a separate work experience form for each year of employment.		Are the hours reported on this form taken from payroll records? <input type="checkbox"/> YES <input type="checkbox"/> OTHER (specify)
Start Date:	End Date:	

CLASS OF WORK	Hours Worked
PLANNING FOR THE INSTALLATION OF WIRING APPARATUS AND EQUIPMENT FOR TECHNOLOGY CIRCUITS OR SYSTEMS	
LAYING OUT FOR THE INSTALLATION OF WIRING, APPARATUS AND EQUIPMENT FOR TECHNOLOGY CIRCUITS OR SYSTEMS	
SUPERVISING THE INSTALLATION OF WIRING, APPARATUS AND EQUIPMENT FOR TECHNOLOGY CIRCUITS OR SYSTEMS	
WIRING FOR AND INSTALLING TECHNOLOGY CIRCUIT OR SYSTEM WIRING APPARATUS AND EQUIPMENT	
MAINTAINING AND REPAIRING TECHNOLOGY CIRCUIT OR SYSTEM WIRING, APPARATUS AND EQUIPMENT	
LINE WORK	
INSTALLING ELEVATORS	
WIRING AND MAINTAINING PROCESS CONTROL CIRCUITS OR SYSTEMS	
TOTAL OF ALL QUALIFYING HOURS WORKED – 36 MONTHS EXPERIENCE REQUIRED TO TAKE EXAM = 6,000 HOURS	

Form must be signed by the designated Responsible Person and Applicant. I certify that I personally know or that the employer's employment records verify that this individual, during the referenced employment period, engaged in the identified classes of work for the number of hours shown. The applicant's signature below acknowledges agreement with the information provided on this form.

RESPONSIBLE PERSON'S SIGNATURE	DATE SIGNED	APPLICANT'S SIGNATURE	DATE SIGNED
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INSTRUCTIONS

READ CAREFULLY BEFORE COMPLETING THIS FORM

Employer must complete the Work Experience Verification Form.

WORK EXPERIENCE VERIFICATION FORM REQUIRED

Registered unlicensed individuals, as part of renewing their registration, must provide verification of their employment by a licensed contractor or registered employer during the registration period. This form reports the verified hours and is adapted for use by unlicensed individuals registered to perform electrical, plumbing, and high pressure pipefitting work. The reason for verifying work hours each year along with renewing a registration is so the registered individual does not have to verify these hours when applying for a license examination. Verifying hours annually when renewing a registration allows the department to track experience as it is gained and subsequently enable approval of applications for examination much quicker.

Registered Unlicensed Individual

- Registration information is pre-printed on the form for the registered individual.
- The work period being verified is the 12-month registration period printed on the form.
- Address information printed on the form is the unlicensed individual's mailing address. Updates to the individual's personal or mailing address may be noted on the registration renewal form. Address changes may also be made using a form available online at www.dli.mn.gov/ccld.asp.
- A copy of the form should be used for each employer when the individual has been employed by more than one employer during the 12-month registration.

Employer Information (mandatory information)

- Enter the employer's business name, address, license or registration number, contact's phone number, and email address. (NOTE: License number is mandatory, if business holds contractor license number.)
- Enter the employer's designated responsible individual's name and license number. The individual's license number must match what the department has on record as the designated responsible individual and license number.

Unlicensed Individual's Work Experience

- Provide exact dates of employment during the 12-month registration period (see dates printed on the verification form). Include the month, day, and year.
- Indicate whether the hours reported on the form are taken from payroll records; and if not, specify the other forms of documentation used to verify the individual's work experience.
- For each class of work identified, enter the actual hours the individual performed that class of work during the registration period. (Note: Blanks will be assigned 0 hours.)
- Enter the total number of electrical work hours verified, which may not exceed 2,000 hours.

Certification Signature and Date

- The employer's designated responsible individual must certify, with a signature, that the registered unlicensed individual performed the identified classes of work for the number of hours entered on the form during the 12-month registration period.
- The registered unlicensed individual's signature on the form acknowledges agreement with the information verified by the employer.

QUALIFYING FOR A LICENSE EXAMINATION

Work verification is for the following license classifications, which require a minimum number of months/hours qualifying work experience to become licensed. Detailed information on qualifying for a license exam is available at

<http://dli.mn.gov/CCLD/LicElectricalExperience.asp>

<u>License Class</u>	<u>Law (Rule)</u>	<u>Requirement</u>
Journeyman Class A Electrician	326B.33 (3800.3520)	48 Months (8,000 hours)*
Journeyman Elevator Constructor	326B.33 (3800.3520)	36 Months (6,000 hours)*
Maintenance Electrician	326B.33 (3800.3520)	48 Months (8,000 hours)*
Installer B	326B.33 (3800.3520)	12 Months (2,000 hours)
Lineman	326b.33 (3800.3520)	48 Months (8,000 hours)
Power Limited Technician	326B.33 (3800.3520)	36 Months (6,000 hours)*

*A maximum of one year (2,000 hours) of experience credit will be allowed for the successful completion of a two-year post-high school technical course approved by the department.